

BEST AVAILABLE COPY

ASSISTANT STAFF AREA (for additional cross references)

DECISION	INITIALS	ID NO.	DATE
PER DETERMINATION OAP E CLASSIFIED FORMALITY REVIEW RESPONSE FORMALITY REVIEW	[Handwritten initials]	[Handwritten ID NO.]	[Handwritten DATE]

INDEX OF CLAIMS

- | | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | 8 | Non-elected |
| — | Allowed | 1 | Interference |
| — | (Through remedy) Cancelled | A | Appeal |
| → | Restricted | 0 | Objected |

Claim	Date	Claim	Date	Claim	Date
1		1		1	
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If more than 150 claims or 10 actions
 staple additional sheet here

11 EPT 123456